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10/006,818

PTO/SB/21 (10-08)
Approved for use through 11/30/2008. OMB 0651-0031
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**Application Number** 

TO BE	ANSMITTAL	Filing Date	December 6, 2	2001	· · · · · · · · · · · · · · · · · · ·	
	FORM	First Named Inventor	Kevin P. BAKE			
NOV 1 8 2008	FORIVI	Art Unit	1647			
	<b>*</b> /	Examiner Name		••		
	all correspondence after initial filing)		Hamud, Fozia	M. ————		
Total Number of	Pages in This Submission	Attorney Docket Number	123851-181898	8 (GNE-2830	P1C4)	
		2.004050				
	ENG	CLOSURES (Check al	that apply)		Allowance Communication to TC	
Amendmon Air Air Air Extension Express Air Information	fter Final  ffidavits/declaration(s)  n of Time Request-1 month  Abandonment Request  on Disclosure Statement  Copy of Priority  Rem	~	Address .	of Appear Appear (Appear Appear Appea	pendix Items 1-1 <b>3</b> , and postcard.	
Reply to Missing Parts/ Incomplete Application Reply to Missing Parts Under 37 CFR 1.52 or 1.53  SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm Name	GOODWIN PROCTER LLP					
Signature	Charles	/				
Printed name Christopher De Vry, Ph.D., Goodwin Procter LLP						
Date NOVEMBER 18, 2008 Reg. No. 61,425					2222	
CERTIFICATE OF EXPRESS MAILING NO. EM 305114250US						
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:						
Signature Mulli Mallas						
Typed or printed i	name Arlette Malhas			Date	NOVEMBER 18, 2008	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## FEE TRANSMITTAL For FY 2008

	Applicant claims small entity status.	See 37	CFR 1.	.27
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TOTAL AMOUNT OF PAYMENT (\$) 510.00

Complete if Known					
Application Number 10/006,818					
Filing Date	December 6, 2001				
First Named Inventor	BAKER, et al.				
Examiner Name	Hamud, Fozia M.				
Art Unit	1645				
Attorney Docket No.	123851-181898 (GNE-2830P1C4)				

METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
✓ Deposit Account De	posit Account	Number: <u>50-463</u>	4	Deposit A	ccount Name:_(	Goodwin Pro	octer LLP
For the above-identifi	ed deposit a	account, the Direct	tor is hereb	y authorized to	: (check all th	at apply)	
✓ Charge fee(s)	indicated be	low		Charg	je fee(s) indic	ated below, ex	cept for the filing fee
		s) or underpayme	ents of fee(s	) V Credi	t any overpay	ments	
under 37 CFR WARNING: Information on this			t card inform		•		ovide credit card
information and authorization of	n PTO-2038.						
FEE CALCULATION							
1. BASIC FILING, SEAR	CH, AND E FILING F			J EEEC	EVANINA	TION EEES	
	<u>s</u>	mall Entity	SEARCH	Small Entity	<u>s</u>	TION FEES	
Application Type	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
` Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	·620	310	<del></del>
Provisional	210	105	0	0	0	0	
2. EXCESS CLAIM FEE	S				•	Fac. (\$)	Small Entity
Fee Description Each claim over 20 (including Reissues)  Fee (\$) Fee (\$)  50 25							
Each independent clai			ues)			210	105
Multiple dependent cla	-					370	185
Total Claims	Extra Claim	<u> Fee (\$)</u>	Fee Pa	aid (\$)		Multiple De	pendent Claims
- 20 or HP =		x	_=			Fee (\$)	Fee Paid (\$)
HP = highest number of total of Indep. Claims	claims paid foi Extra Claim	-	Fee Pa	aid (\$)			
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u> <u>Extra Sheets</u> <u>Number of each additional 50 or fraction thereof</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> 100 = / 50 = (round up to a whole number) x =							
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)							
Other (e.g., late filing surcharge): Appeal Brief with Request for Extension of Time - 1 month 670.00							

SUBMITTED BY							
Signature	Chttout	Registration No. (Attorney/Agent) 61,425	Telephone 650/752-3100				
Name (Print/Type)	Christopher De Vry, Ph.D., Goodwin Procter LLI	Р	Date November/8, 2008				

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